SUMMONS FOR WITNESS		DOCKET NUMBER		Trial Court of Massachusetts District Court Department	
SESSION: Criminal Jury		NA NA	L ME AND ADDRE	SS OF COURT DIVISION	YOU MUST
NAME, ADDRESS AND ZIP CODE OF DEFENDANT			Quincy District Court APF		APPEAR AT
Commonwealth vs.			1 Dennis Ryan Parkway THIS COUR		THIS COURT ADDRESS
Commonwealth	<b>V</b> 3.		ncy, MA 02169 siding Justice: Ho	on. Mark S. Coven	ON
		110	siding odstice. Th	on. Wark o. Govern	THE DATE
		DA	TE AND TIME OF	APPEARANCE	AND TIME SPECIFIED
		3	/29/2012 at 8:	45 AM for a Jury Trial	HEREIN
			DATE	TIME	
NAME, ADDRESS AND ZIP	CODE OF WITNESS	OF	FENSE(S)		<u> </u>
Kate Corbett				, Possession Class B	
Department of Pub	lic Health				
State Laboratory Ir	istitute				
305 South Street					
Boston, MA 02130					
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		e last known address of the			
		may also be served by any			
		of the Massachusetts Rules of	of Criminal Proc	edure.	_
1 1	named Witness:				
		ame of the Commonweal			
		date and time noted above			
and day to day	tnereaπer as orde	ered. You are further req	uirea to bring	with you:	-
DIFACE CON	TACT ADVOCAT	E IEN EL ALIEDTY et CA	7 700 0400	out AEE TO	
	UR APPEARANC	E JEN FLAHERTY, at 61	7-709-0100,	ext. 199, 10	
CONFIRM TO	UN AFFEARANC	E. INANK IOU.		DATE OF ISSUE	<u> </u>
WITNESS:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,		D/ (12 0) 10002	
WITINESS.	Muchan W. W.	musey			
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M	ichael W. Morrisse	y, District Attorney		February 13, 2017	
1911		RETURN OF SERV	~E		
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